

# **Vanderburgh County Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** March 29, 2009

**Address:** 5809 Westbrook Circle

**Case #:** 09-62034

**County:** Vanderburgh

## **Type of Laboratory Seizure** (check one)

☒ Operational Lab

☐ Chemical/Glassware/Equipment (only)

☐ Dumpsite (only)

## **Seizure Location** (check all that apply)

☒ Residence

☐ Hotel/Motel

☐ Outbuilding

☐ Open - No Structure

☐ Vehicle

☐ Other: \_\_\_\_\_

## **Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

☒ Lithium/Ammonia Reaction(s): REAR BEDROOM

☐ Red Phosphorous/Iodine Reaction(s):

☒ Flammable Solvents: REAR BEDROOM

☒ Water Reactive Metal: REAR BEDROOM

☒ Anhydrous Ammonia: REAR BEDROOM

☒ Hydrochloric Acid Gas Generator(s): REAR BEDROOM

☒ Corrosive Acid: REAR BEDROOM

☒ Corrosive Base: REAR BEDROOM

☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered** (check one)

☐ Yes \_\_\_\_\_ (number present)

☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

☐ Ephedrine/Pseudoephedrine Tracking Log

☐ Retail/Merchant Tip

☐ Other: Ongoing Investigation

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department:

Fax: 435-6248

Health Department:

Fax: 435-5871

Child Protection Service:

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer:

Phone: \_\_\_\_\_

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.